Department of Veterans Affairs **VHA DIRECTIVE 2003-023**
Veterans Health Administration
Washington, DC 20420 **May 15, 2003**

REPORTING SUSPECT AND PROBABLE CASES OF SARS IN VA PATIENTS

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy for the reporting of persons receiving medical care from VA facilities who have suspect and probable cases of severe acute respiratory syndrome (SARS).

2. BACKGROUND

a. **The Illness.** SARS is a new, transmissible, serious illness characterized by fever and respiratory symptoms of cough, shortness of breath, difficulty breathing, hypoxia, and radiographic findings of pneumonia. In some patients, the illness progresses to respiratory failure requiring intensive support. SARS has a case fatality rate of greater than 5 percent. The etiology is thought to be a *coronavirus* (SARS-CoV). SARS is transmitted person-to-person, by respiratory droplets or contact with environmental surfaces contaminated by droplets. SARS has spread globally and has been suspected or has occurred in thousands of persons around the world. SARS is treated symptomatically; there are no known effective antiviral medications to date. The United States has placed health alert notices and travel advisories to the areas of greatest SARS transmission and has added SARS to the list of quarantinable communicable diseases. The Centers for Disease Control and Prevention (CDC) has asked that state and local health departments report suspect and probable cases of SARS to them.

b. **Authority for Tracking and Reporting Cases of Suspect and Probable SARS in Enrolled VHA Patients.** Federal statutes and regulations, including the Privacy Act of 1974 and the privacy provision of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act ("Privacy Rule"), permit VHA to internally track cases of suspect and probable SARS in enrolled VHA patients (see Title 5 United States Codes (U.S.C.) § 552a, and Title 45 Code of Federal Regulations (CFR) Parts 160 and 164). VHA may report information pertaining to suspect and probable cases of SARS to Federal, State, and/or local public health authorities charged with the protection of the public health or safety pursuant to a standing request or other applicable legal authority (see 5 U.S.C. § 552a(b)(3) (routine use number 12 of the system of records entitled "Patient Medical Records," 24VA136); 38 U.S.C. § 5701 (f)(2); and 45 CFR § 164.512(b)). ***NOTE:*** *For further information with respect to standing requests, refer to VHA Handbook 1605.1, paragraphs 21 and 27.*

c. **Rationale for Reporting.** CDC has published definitions of suspect and probable cases of SARS. It is important for VHA to carefully track the incidence of suspect and probable cases of SARS in order to understand the epidemiology among enrolled veterans, and to define resource usage and allocation. Since SARS is an emerging public health threat, keeping active surveillance of suspect and probable cases will allow VHA programs and policies to be maximally responsive to public health, medical care, and disease control recommendations.

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VHA tracking will also support consistent VA-wide participation in the important activity of reporting cases to public health authorities. In addition, tracking suspect and probable cases in VHA will allow rapid and accurate responses should additional patient care resources be needed for diagnosis, clinical or long-term care for veterans with SARS.

d. **Suspect Case of SARS.** The definition of a suspect case of SARS:

(1) Respiratory illness of unknown etiology with onset since February 1, 2003, and

(2) Measured temperature greater than 100.4ºF (greater than 38ºC), and

(3) One or more clinical findings of respiratory illness (e.g., cough, shortness of breath, difficulty breathing, or hypoxia), and

(4) Travel within 10 days of onset of symptoms to areas with documented or suspected community transmission of SARS per CDC. The most current list of these areas may be found on the CDC web site (http://www.cdc.gov/ncidod/sars/casedefinition.htm). The definition of travel to these areas includes transit thru a local airport.

OR

(1) Close contact within 10 days of onset of symptoms with a person known to be a suspected SARS case; ***NOTE:*** *Close contact is defined as having cared for, having lived with, or having direct contact with respiratory secretions and/or body fluids of a patient known to be a suspected SARS case.*

and

(2) Laboratory criteria that are confirmed, negative or undetermined. Laboratory criteria are defined as presence of antibody to SARS-CoV in acute or convalescent specimens; detection of SARS-CoV ribonucleic acid by reverse transcriptase polymerase chain reaction; or isolation of SARS-CoV.

e. **Probable Case of SARS.** The definition of a probable case of SARS adds to the suspect case definition: Radiographic evidence of pneumonia, or respiratory distress syndrome, or autopsy findings consistent with respiratory distress syndrome without an identifiable cause.

3. POLICY: It is VHA policy to track suspect and probable cases of SARS that occur in patients receiving medical care in VHA facilities in order to monitor transmission patterns and estimate disease burden.

4. ACTION

a. **Facility Directors.** Facility Directors are responsible for ensuring that the presence and disposition of suspect and probable cases are reported from VHA facilities to the respective Veterans Integrated Service Network (VISN) Offices and to local or state health departments. ***NOTE:*** *Initial reports must be made within 48 hours of knowledge of the suspect or probable*

case. Follow-up reports are made at 2-week intervals after the initial report until the case is ruled out, the results of the convalescent serology are returned, and/or the case is clinically resolved.

(1) **Reporting Cases to Public Health Authorities.** Disclosure of information to public health authorities related to cases of suspect and/or probable SARS in VHA patients must be made in accordance with VHA Handbook 1605.1, Privacy and Release of Information.

(2) **Initial Report to the VISN Director's Office.** Facilities must report initial information on suspect and probable cases to their VISN Director's Office (which forwards the report to their assigned Health Systems Specialist in the Office of the Deputy Under Secretary for Health for Operations and Management (10N) and to Office of Public Health and Environmental Hazards (13)); this initial information is similar to that requested by the Centers for Disease Control and Prevention (CDC). This form is found at Attachment A and may also be downloaded at: http://vaww.vhaco.va.gov/phshcg/SARS/ or http://www.publichealth.va.gov/SARS/. It contains:

(a) A Unique Identifying number (UIN), assigned by the local facility using the following format: first 2 digits = VISN number; second 3 digits = station number; last 4 digits = randomly selected by facility. The VA facility must keep the key that links the UIN to the patient's name and social security number (SSN). Patient names and SSNs must not be transmitted by fax or electronic mail.

(b) Month and year of birth.

(c) Sex.

(d) Onset date of SARS symptoms.

(e) Clinical status—alive or deceased.

1. If deceased, date of death.

2. If deceased, whether an autopsy was performed—yes or no.

(f) Hospitalized today—yes or no.

(g) Whether on a mechanical ventilator today—yes or no.

(h) Select presumed source of infection (select all that apply).

1. Travel to area of known transmission.

2. Contact with a person with SARS.

3. Contact with a SARS patient as a health care worker.

4. No known exposure.

(i) SARS Acute serology obtained—yes or no.

(j) SARS Acute serology result; is it-positive, negative, or pending.

(k) Name, telephone number, and E-mail address of the person at facility (and the VISN) to contact regarding this report.

(3) **Follow Up Report to the VISN Director's Office.** Facilities must report follow-up information on suspect and probable cases to their VISN Director's Office. This form is found at Attachment B and may also be downloaded at: http://vaww.vhaco.va.gov/phshcg/SARS/ or http://www.publichealth.va.gov/SARS/. It contains:

(a) The UIN

(b) Disposition of the case; i.e., SARS:

1. Is ruled out.

2. Is probable; patient remains under outpatient care.

3. Is probable; patient remains hospitalized.

4. Is probable; patient recovered.

5. Is probable; patient deceased.

(c) SARS Acute serology obtained—yes or no.

(d) SARS Acute serology result; is it-positive, negative, or pending.

(e) SARS Convalescent serology obtained—yes or no.

(f) SARS Convalescent serology result; is it-positive, negative, or pending.

(g) Name, telephone number, and E-mail address of the person at facility (and the VISN) to contact regarding this report.

b. **VISN Directors.** VISN Directors are VISN Offices are responsible for submitting all initial and follow-up reports to their assigned Health Systems Specialist in the Office of the Deputy Under Secretary for Health for Operations and Management (10N) and to the Office of Public Health and Environmental Hazards (13).

5. REFERENCES

a. Department of Veterans Affairs SARS Web site: http://vaww.vhaco.va.gov/phshcg/SARS/ or http://www.publichealth.va.gov/SARS/

b. Department of Veterans Affairs Notice of Privacy Practices Summary Notice effective April 14, 2003.

c. Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, and implementing regulations, 45 CFR 160 and 164. The final Privacy Rule under HIPAA was published in the Federal Register, August 14, 2002.

d. VHA Handbook 1605.1, Privacy and Release of Information.

e. Title 38 U.S.C. § 5701

f. Title 5 U.S.C. § 552a, Privacy Act of 1974.

g. CDC SARS Web site http://www.cdc.gov/ncidod/sars/

h. Drosten C, Gunther S, Preiser W, et.al. Identification of a Novel Coronavirus in Patients with Severe Acute Respiratory Syndrome," New England Journal of Medicine (N Eng J Med). Apr 10, 2003. http://content.nejm.org/cgi/content/abstract/NEJMoa030747v1

i. Ksiazek TG, Erdman D, Goldsmith CS. "A Novel Coronavirus Associated with Severe Acute Respiratory Syndrome," N Eng J Med. Apr 10, 2003. http://content.nejm.org/cgi/content/abstract/NEJMoa030781v1

6. FOLLOW UP RESPONSIBILITY: The Chief Officer, Office of Public Health and Environmental Hazards (13), is responsible for the contents of this Directive. Questions may be addressed to 202-273-8575.

7. RESCISSION: None. This VHA Directive expires May 31, 2008.

S/ Louise Van Diepen for
Robert H. Roswell, M.D.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 5/20/2003
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 5/20/2003

Department of Veterans Affairs

Attachment A
Date of this report mo___/day___/yr____

VA SARS **Initial** Report Form
Suspect or Probable Cases

1. Name of person at VA Facility to contact about this report:
2. Phone number: Email address:
3. Name of person at VISN to contact about this report:
4. Phone number: Email address:

5. Patient's Unique Identifying Number: ___ ___/___ ___ ___/___ ___ ___ ___

(first 2 digits = VISN number; second 3 digits = station number; last 4 digits randomly selected by facility; facility must keep key to link patient name with number)

6. Patient's month and year of birth: mo_____/year_____
7. Sex: M_____ F_____
8. Date of onset of SARS symptoms: mo_____/day_____/ year_____
9. Clinical status today: alive_____ deceased_____
10. If deceased: mo_____/day_____/year_____
11. If deceased, whether autopsy was performed: yes_____ no_____
12. Hospitalized today: yes_____ no_____
13. On mechanical ventilator today: yes_____ no_____
14. Presumed source of SARS (select all that apply): travel to area of known community transmission_____; contact with a person with SARS_____; contact with a SARS patient as a health care worker_____; no known exposure_____.
15. SARS acute serology obtained: yes_____ no_____
16. SARS acute serology result: Positive_____ Negative _____ Pending_____

Instructions:
VA Facilities→ **Fax or email these reports to your VISN office. Do not report directly to 10N or 13.**
VISNs→ **Fax or email** this report to:

1. Your Health Systems Specialist at 10N
2. Office of Public Health and Environmental Hazards (13), Public Health Strategic Care Group (13B)

Email address: **victoria.davey@hq.med.va.gov**
Fax numbers: **(202) 273-6243 or (202) 273-9078**
Phone numbers for questions: (202) 273-8590 or (202) 273-8567

When to send this report: within 48 hours of identification of a suspect or probable case

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Department of Veterans Affairs

Attachment B

Date of this report mo___/day___/yr____

VA SARS **Follow Up** Report Form
Suspect or Probable Cases

1. Name of person at VA Facility to contact about this report:
2. Phone number: Email address:
3. Name of person at VISN to contact about this report:
4. Phone number: Email address:

5. Patient's Unique Identifying Number: ___ ___/___ ___ ___/___ ___ ___ ___

6. Disposition of case: SARS ruled out_____
probable SARS—remains under outpatient care_____ probable SARS—remains hospitalized _____ probable SARS—recovered_____ probable SARS—deceased _____

7. Was SARS acute serology obtained? yes_____ no_____

8. SARS acute serology result: positive_____ negative_____ pending_____

9. Was SARS convalescent serology obtained? yes____ no_____ not yet____

10. SARS convalescent serology result: positive_____ negative_____ pending_____

Instructions:
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1. Office of Public Health and Environmental Hazards (13), Public Health Strategic Care Group (13B)

Email address: **victoria.davey@hq.med.va.gov**
Fax numbers: **(202) 273-6243 or (202) 273-9078**

Phone numbers for questions: (202) 273-8590 or (202) 273-8567

When to send this report: Follow up reports are made at two-week intervals after the initial report, until the case is ruled out, results of the convalescent serology are returned, and/or the case is clinically resolved.

VA FORM
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